

**CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT**

**Assistant Inspector
Qualification Record DSA-5A**

The Assistant Inspector must be accepted in the DSA Assistant Inspector Program or DSA Certified prior to submitting this form. To be completed by the Assistant Inspector and the Project Inspector. Form must be signed by the Assistant Inspector, Project Inspector, Owner, Design Professional in General Responsible Charge, To be submitted by the Design Professional in General Responsible Charge at least 10 days prior to use of assistant inspector on the project.

1. Assistant Inspector

Name _____

Address _____

City _____ State _____ Zip _____

Phone # () _____ Date of Birth _____ - _____ - _____

DSA Certification Class (If Certified) _____ DSA Certificate # _____ Expiration Date _____

DSA File No.

DSA
Application No.

Will the assistant inspector be in
the employ of the school district? ☐ Yes ☐ No
If no, indicate assistant inspector's employer:

2. Project Information

School District/Owner

Project Name (School)

Scope of Work

Estimated Cost \$

3. Experience Record - List the three previous projects that best qualify you to perform inspection services for the project entered in item 2.. For previous school projects, provide the DSA application number in the "Project Name" field

Project Name _____

Job Title: ☐ Project Inspector ☐ Field Superintendent☐ Construction Trade _____☐ Other _____

Construction Cost \$ _____

Check one: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs

Dates employed: FROM _____ TO _____

Structural systems of new construction or structural alterations:

Employer _____

☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame

Employer's Phone () _____

Project Name _____

Job Title: ☐ Project Inspector ☐ Field Superintendent☐ Construction Trade _____☐ Other _____

Construction Cost \$ _____

Check one: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs

Dates employed: FROM _____ TO _____

Structural systems of new construction or structural alterations:

Employer _____

☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame

Employer's Phone () _____

Project Name _____

Job Title: ☐ Project Inspector ☐ Field Superintendent☐ Construction Trade _____☐ Other _____

Construction Cost \$ _____

Check one: ☐ New Construction ☐ Alteration ☐ Relocatable Bldgs

Dates employed: FROM _____ TO _____

Structural systems of new construction or structural alterations:

Employer _____

☐ Wood Shear Wall ☐ Concrete/Masonry Shear Wall ☐ Steel Frame

Employer's Phone () _____

4. Assistant Inspector's Proposed Duties

Specify which code-prescribed duties will be performed by the assistant inspector on this project (as outlined in IR A-8)

- ☐ Administrative (maintain job file) _____
- ☐ Reporting/Notifications _____
- ☐ Monitor Tests & Special Inspections _____
- ☐ Inspection: list which aspects of the construction you will be inspecting on each building. _____
- _____
- _____
- _____

5. Assistant Inspector's Time Commitment/Workload

Specify your time commitment to this project: Full Time (40 hours per week): _____ Part Time (less than 40 hours per week) hrs/wk: _____

Will you be working concurrently on other school projects? ☐ Yes ☐ No If yes, list each project below.

Project Name & Location	Construction Cost	Hours Per Week	DSA Application#	Completion %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will you be working concurrently on non-school projects or other employment? Yes No If yes, for each project, provide name, location, scope of construction work, your duties, and the completion status of the project in the space below. Attach additional sheets if necessary.

6. Assistant Inspector's Affidavit

I hereby certify under penalty of perjury that all items entered in items 1, 3, 4 & 5 on this form are true, and I agree and understand that any misstatement of material fact contained in this form will be sufficient cause for my immediate dismissal. If I undertake additional work, other than stated herein, I will secure prior written approval from the school district/owner, the architect and/or engineer, and Division of the State Archited.

An original signature is required

Signature _____ Date _____

7. Project Inspector

This section is to be completed by the project inspector approved via Form DSA-5 for the school project entered in item 2.

Name _____

Address _____

City _____ State _____ Zip _____

Phone #s () _____ () _____

DSA Certification Class (Must be class 1) _____ DSA Certificate # _____ Expiration Date _____

8. Project Inspector's Workload

Specify your time commitment to this project: ☐ Full Time (40 hours per week) ☐ Part Time (less than 40 hours per week) hrs/wk: _____

Are you currently utilizing assistant inspectors on other school projects? ☐ Yes ☐ No If yes, list each project below.

Project Name & Location	Construction Cost	Hours Per Week	DSA Application#	Completion %	

9. Project Inspector's Affidavit

I hereby certify under penalty of perjury that all items entered in items 2, 4, 7 & 8 on this form are true, and I agree and understand that any misstatement of material fact contained in this form will be sufficient cause for my immediate dismissal.

An original signature is required

Signature _____ Date _____

The following affidavits must be signed by an authorized representative of the school district/owner, as well as the Design Professional in General Responsible Charge and Structural Engineer before this application is submitted to the Division of the State Architect for approval. The information provided on this document will be maintained in a public record file. *Original signatures are required.*

10. School District/Owner's Affidavit

_____ is being employed by the school/owner, as the assistant inspector, conditioned upon the acceptance of the architect or registered engineer in general responsible charge, and the approval by the Division of the State Architect (DSA). This individual will provide competent, adequate and continuous inspection during construction of this project. I understand that this inspector will act under the direction of the architect or registered engineer in general responsible charge, and DSA. This inspector shall also be responsible to the Owner.

Title of school district/owner's representative completing this affidavit _____

Signature _____ Print Name _____ Date _____

11. Affidavit of Design Professional In General Responsible Charge

I find _____ to be suitably qualified to perform assistant inspection on this project.

My assessment is based on (check one): ☐ Interview (date _____ - _____ - _____) OR ☐ Prior professional relationship

Signature _____ Print Name _____ Date _____

12. Affidavit of Structural Engineer (required when Structural Engineer is delegated responsibility for observation of work)

I find _____ to be suitably qualified to perform assistant inspection on this project.

My assessment is based on (check one): ☐ Interview (date _____ - _____ - _____) OR ☐ Prior professional relationship

Signature _____ Print Name _____ Date _____

Approval by Division of the State Architect	Signature of Field Engineer _____
	Print Name _____ Date _____